FROM : KRAWITZ

PHONE NO. : 714 974 1190

#1/C 1-23-04 NE

JAN. 08 2004 07:23PM P1

AMENDMENT TRANSMITTAL LETTER

OFFICIAL

SERIA	L NO.	FILING DAT	<u>E</u>	EXAMINER		GROU	<u>P ART</u> UNIT		
	32,140	MARCH 21, 2	2000	MR. ALTO	N N. PRYO	<u> </u>	616		
BIOCI	TION: DE COMPOSI	TION CONTAIN	IING				Q.	CEIV	ED
PROPI	CONIC ACID	AND IODINE O	COMPOUNDS				7 4 4	TO PAU	ADIT
							- CEMP	AT LAY	JER II
APPLI	CANT:	GARY E. GAT	MER. ET AL						-
TO TE	E COMMISSI	ONER OF PATI	ENTS AND TRAD	emarks			JA	N 0 9	2004
Trans	mitted her	ewith is an	amendment in	the above	s-identif:	led at	plicati	on.	
Transmitted herewith is an amendment in the above-identified application. XXXX Small entity status of this application under 37 C.F.R. 1.27 has been established by a verified statement previously submitted.									
			o establish 7 is enclosed						
XXXX		nal fee is :							
The fee has been calculated as shown below:									
						FETY	OTHER SMALL P RATE	THAN NTIT	ĸ
	CLAIMS REM AFTE AMENDM	AINING R ENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	:	\$370		\$74	5
TOTAL		MINUS	41		X\$ 9 =\$_	0	x\$18 •	\$ <u>0</u>	_
INDE	P. <u>3</u>	MINUS	3	0	x\$42 = \$_	<u> </u>	X\$84 =	=\$ <u> </u>	_
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +\$140 =\$ 0 +\$280 =\$ 0									
			TOTA	L ADD. FE	E =\$_	. 0	<u>or</u> •	\$ <u> </u>	_
	Please cha	rge my Depos	sit Account N	· · · · · ·	in the amo	ount c	ef S		_
			nis sheet is				-		•
XXXX	X A check in the amount of \$ to cover the filing fee is enclosed.								
	The Commiss fees assoc Deposit Ac- enclosed.	sioner is he iated with count No.	reby authoriz this communic						
			ed under 37						
•			application			۹. ۱. <u>۱</u>	7.	_	
	January 8	2004			f_e_	⋺ ~~~		_	
	January 8.	2001	=	WILLIE	RRAWITZ	>		.>	-
		•		(714)	974-1190				
						•			
	cancelled	Claim 41 w	hich is essen	tially a	duplicate	of ca	ncellod		
				_		OL Ca			
	Claim 40, s	till remains	in the case.						

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